



**REQUEST FOR ADVANCEMENT OF PACT CONTRACT
BENEFITS**

PACT Account Number: _____

PACT Beneficiary: _____

PACT Purchaser: _____

I am requesting the advancement of benefits for the following reason:

_____ My beneficiary has graduated from high school earlier than expected.
Please change the Projected Enrollment Year (PEY) to _____.

_____ My beneficiary will be taking college classes while still in high school.
Please change the Projected Enrollment Year (PEY) to _____.

The PACT contract must be paid in full before contract benefits can be used. The ten year period for using contract benefits begins with the revised PEY.

I certify by signing below that the information I have provided on this form is true and correct. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a) (3) and § 13A-10-102.)

Signature of Purchaser: _____

Date: _____

Daytime Telephone Numbers with area codes:

**Please fax to 1-800-830-7390 or mail to:
PACT
P.O. Box 12865
Birmingham, AL 35202-2865**